

Work Order ID 92932

November-12-12 3:30:39 PM

92932

Page 1

Item ID: 649.4815

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: Shim

Start Date: 12/11/2012 Start Qty: 30.00

30

Cust Item ID:

Required Date: 03/12/2012 Req'd Qty: 30.00

30

Customer:

Reference:

Approvals: Process Plan: ML5

Date: 12-11-13

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
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649.4800	A
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110	0.00
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110
Waterjet

FLOW CNC Waterjet

2084.040

Memo

1-Cut as per Dwg

Dwg Rev: A

Prog Rev: A

2-Deburr if necessary

120	QC2- Inspect parts off machine FAI/FAIB	0.00
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120
QC

Quality Control

30 0 Jmr24-24

30 0 Jmr24-24

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
Part No. _____			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
NCR No. _____			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
Root Cause		Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
				Bending <input type="checkbox"/>	Bend <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>			
				Centre Not Concentric to O/S <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>			
				Cracks <input type="checkbox"/>	Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>			
				Crushed/Crimped. <input type="checkbox"/>	Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>			
				Cuffs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Part Moved <input type="checkbox"/>				
				Heat Treat <input type="checkbox"/>	Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>				
				Inspection Strip in Tube <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>	Other <input type="checkbox"/>			
				Ripples in Bend <input type="checkbox"/>	Drill Holes <input type="checkbox"/>	Offset <input type="checkbox"/>					
				Torque Waves in Extrusion <input type="checkbox"/>	Drawing <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>					
				Turning Sequence <input type="checkbox"/>	Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>					
				Wave/Twist in Tube <input type="checkbox"/>	Folio <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>					

Work Order ID 92932

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92932

Page 2

Item ID: 649.4815

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: Shim

Stop

NS2

Start Date: 12/11/2012 Start Qty: 30.00

30

Cust Item ID:

Required Date: 03/12/2012 Req'd Qty: 30.00

30

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

130

QC8- Inspect parts - second check

130

QC

Quality Control

Set Up/
Run Hours

0.00

DAS
15
9-89

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

12 11 26

30
Com

160

Outsource process-Anodize per QSI017 4.1.10.1

0.00

160

Outsource4

Outsource process - Anodize

Memo

0.00

ISSUE P/O: 18506

HARD ANODIZE, COLOR BLACK AS PER DWG.(SEE NOTE 2)

RF 12-11-26

170

Receive & Inspect for Damage & Mat'l Certs

0.00

170

Packaging

Memo

0.00

Packaging

12/11/18 (30)

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____		DISPOSITION		AGAINST DEPARTMENT/PROCESS						
		Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
Part No. _____		Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
NCR No. _____		Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
Root Cause		Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data	<input type="checkbox"/>									
Equip/Tooling	<input type="checkbox"/>									
Operator	<input type="checkbox"/>									
Material	<input type="checkbox"/>									
Setup	<input type="checkbox"/>									
Other	<input type="checkbox"/>									
Process	<input type="checkbox"/>									
Supplier	<input type="checkbox"/>									
Training	<input type="checkbox"/>									
Unapproved	<input type="checkbox"/>									
FAULT CATEGORY										
Landing Gear			General							
<input type="checkbox"/>	Bending	<input type="checkbox"/>	Bend	<input type="checkbox"/>	Grain	<input type="checkbox"/>	Ovalized	<input type="checkbox"/>	Pressure/Forced	
<input type="checkbox"/>	Centre Not Concentric to O/S	<input type="checkbox"/>	BOM/Route	<input type="checkbox"/>	Hardware	<input type="checkbox"/>	Over/Under tolerance	<input type="checkbox"/>	Temperature/Cure	
<input type="checkbox"/>	Cracks	<input type="checkbox"/>	Broken/Damaged	<input type="checkbox"/>	Inspection Incomplete	<input type="checkbox"/>	Part Incorrect	<input type="checkbox"/>	Weld	
<input type="checkbox"/>	Crushed/Crimped.	<input type="checkbox"/>	Burrs	<input type="checkbox"/>	Instructions Incomplete/Unclear	<input type="checkbox"/>	Part Lost/Missing	<input type="checkbox"/>	Wrong Stock Pulled	
<input type="checkbox"/>	Cuffs	<input type="checkbox"/>	Contamination	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	Part Moved	<input type="checkbox"/>		
<input type="checkbox"/>	Heat Treat	<input type="checkbox"/>	Countersink	<input type="checkbox"/>	Mislabeled	<input type="checkbox"/>	Positioned Wrong	<input type="checkbox"/>		
<input type="checkbox"/>	Inspection Strip in Tube	<input type="checkbox"/>	Cut Too Short	<input type="checkbox"/>	Misread	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>	Other	
<input type="checkbox"/>	Ripples in Bend	<input type="checkbox"/>	Drill Holes	<input type="checkbox"/>	Offset	<input type="checkbox"/>		<input type="checkbox"/>		
<input type="checkbox"/>	Torque Waves in Extrusion	<input type="checkbox"/>	Drawing	<input type="checkbox"/>	Out of Calibration	<input type="checkbox"/>		<input type="checkbox"/>		
<input type="checkbox"/>	Turning Sequence	<input type="checkbox"/>	Finish	<input type="checkbox"/>	Out of Sequence	<input type="checkbox"/>		<input type="checkbox"/>		
<input type="checkbox"/>	Wave/Twist in Tube	<input type="checkbox"/>	Folio	<input type="checkbox"/>	Outside Dimensions	<input type="checkbox"/>		<input type="checkbox"/>		

Work Order ID 92932

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92932

Page 3

Item ID: 649.4815

Accept

N900040100

Setup Start

NS1

Revision ID:

Item Name: Shim

Stop

NS2

Start Date: 12/11/2012 Start Qty: 30.00

30

Cust Item ID:

Required Date: 03/12/2012 Req'd Qty: 30.00

30

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

180

QC5- Inspect part completeness to step on W/O

0.00

180

QC

Quality Control

30

(DAS
05
9-89 12-12-23)

190

0.00

190

SprayPaint

Spray Painting

Memo

0.00

PRIME IAW MIL-P-23377J TYPE I CLASS N AS PER DWG. (SEE NOTE 2)

PRIMER BATCH: 123693

30

Ø

Ø

A
12-12-31

200

QC14- Inspect Spray Paint

0.00

200

QC

Quality Control

Memo

0.00

30

(DAS
05
9-89 13-01-05)

NCR: Yes / No

DQA: Date:

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: Date:

Work Order: _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS					
				Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>			
				Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>			
				Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>			
				Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
Bending	Bend	Grain	Ovalized	Pressure/Forced							
Centre Not Concentric to O/S	BOM/Route	Hardware	Over/Under tolerance	Temperature/Cure							
Cracks	Broken/Damaged	Inspection Incomplete	Part Incorrect	Weld							
Crushed/Crimped.	Burrs	Instructions Incomplete/Unclear	Part Lost/Missing	Wrong Stock Pulled							
Cuffs	Contamination	Maintenance	Part Moved								
Heat Treat	Countersink	Mislabeled	Positioned Wrong								
Inspection Strip in Tube	Cut Too Short	Misread	Power Loss/Surge								
Ripples in Bend	Drill Holes	Offset									
Torque Waves in Extrusion	Drawing	Out of Calibration									
Turning Sequence	Finish	Out of Sequence									
Wave/Twist in Tube	Folio	Outside Dimensions									

Work Order ID 92932

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92932

Page 4

Item ID: 649.4815

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: Shim

Stop

NS2

Start Date: 12/11/2012 Start Qty: 30.00

30

Cust Item ID:

Required Date: 03/12/2012 Req'd Qty: 30.00

30

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

210

Operation
Description

Identify as per dwg & Stock Location: 1394

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

210

Packaging

Memo

0.00

13/1/10 BS

Packaging

IDENTIFY AS PER APICAL MPP-120 BY STAMPING P# AND REV

220

QC21- Final Inspection - Work Order Release

0.00

13/1/10 AS

220

QC

Quality Control

Memo

0.00

MF
13-01-09

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS														
			Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Use-as-is <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Machining <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/>	Quality <input type="checkbox"/>	Other <input type="checkbox"/>
Part No. _____			Work Order Update <input type="checkbox"/>																	
NCR No. _____																				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance			Initial Chief Eng	Action Description			Sign & Date	Verification		QC Inspector						
Doc/Data																				
Equip/Tooling																				
Operator																				
Material																				
Setup																				
Other																				
Process																				
Supplier																				
Training																				
Unapproved																				
FAULT CATEGORY																				
Landing Gear				General																
				Bending <input type="checkbox"/>	Bend <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>												
Centre Not Concentric to O/S				BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>													
Cracks <input type="checkbox"/>				Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>													
Crushed/Crimped <input type="checkbox"/>				Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>													
Cuffs <input type="checkbox"/>				Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Part Moved <input type="checkbox"/>														
Heat Treat <input type="checkbox"/>				Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>														
Inspection Strip in Tube <input type="checkbox"/>				Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>	Other <input type="checkbox"/>													
Ripples in Bend <input type="checkbox"/>				Drill Holes <input type="checkbox"/>	Offset <input type="checkbox"/>															
Torque Waves in Extrusion <input type="checkbox"/>				Drawing <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>															
Turning Sequence <input type="checkbox"/>				Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>															
Wave/Twist in Tube <input type="checkbox"/>				Folio <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>															

Picklist Print

November-12-12 3:30:42 PM

Page 1

Work Order ID: 92932

92932

Parent Item: 649.4815

649 4815

Parent Item Name: Shim

Start Date: 12/11/2012

Required Date: 03/12/2012

Start Qty: 30.00

Required Qty: 30.00

Comments: IPP REV:A 12.11.01 NEW ISSUE DD VERF:JLM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M2024T3S.040		Purchased	No			110	sf	195.4512	0.375	11.8421			
M2024T3S 040													
2024-T3 .040 sheet													

JM 12-11-24

<u>Location</u>	<u>Loc Qty</u>	<u>Loc Code</u>
MAT022	195.4511626	
120605	32.9127416	
121197	32.498421	
122136	17.39	
123217	112.65	123217

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS														
			Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Use-as-is <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Machining <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/>	Quality <input type="checkbox"/>	Other <input type="checkbox"/>
Part No. _____			Work Order Update <input type="checkbox"/>																	
NCR No. _____																				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description			Sign & Date	Verification		QC Inspector							
Doc/Data																				
Equip/Tooling																				
Operator																				
Material																				
Setup																				
Other																				
Process																				
Supplier																				
Training																				
Unapproved																				
FAULT CATEGORY																				
Landing Gear				General																
				Bending	Bend	Grain	Ovalized	Pressure/Forced												
				Centre Not Concentric to O/S	BOM/Route	Hardware	Over/Under tolerance	Temperature/Cure												
				Cracks	Broken/Damaged	Inspection Incomplete	Part Incorrect	Weld												
				Crushed/Crimped.	Burrs	Instructions Incomplete/Unclear	Part Lost/Missing	Wrong Stock Pulled												
				Cuffs	Contamination	Maintenance	Part Moved													
				Heat Treat	Countersink	Mislabeled	Positioned Wrong													
				Inspection Strip in Tube	Cut Too Short	Misread	Power Loss/Surge	Other												
				Ripples in Bend	Drill Holes	Offset														
				Torque Waves in Extrusion	Drawing	Out of Calibration														
				Turning Sequence	Finish	Out of Sequence														
				Wave/Twist in Tube	Folio	Outside Dimensions														

在於此，故其後之學者，多以爲子思之學，實出於孟子。

NOTES: UNLESS OTHERWISE SPECIFIED

 MATERIAL: ALUMINUM 2024-T3 PER AMS-QQ-A-250/6

**FINISH: HARD ANODIZE IAW MIL-A-8625 TYPE III, CLASS 2, COLOR BLACK
PRETREAT PR 148 ADHESION PROMOTER, PRIME IAW MIL-P-2337Z1 TYPE I, CLASS N**

3 DEBURR AND BREAK ALL SHARP EDGES

4. IDENTIFY IAW MPP-120 LASER ETCH P/N AND REVISION 12PT CENTURY GOTHIC

 PART DIMENSIONS CONTROLLED BY CAD MODEL; FILE NAME: 649_4816 DOUBLER SLIPPER

6. INSPECTION DIMENSIONS SHOWN WITH FINISH APPROX. 3-5 MIL MAX PER FACE

SHOWS.

REF ID:

ENGINE.

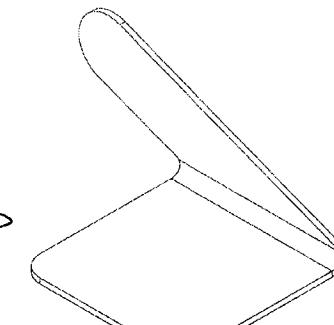
UNCONTRO SUD-EST

WILSON

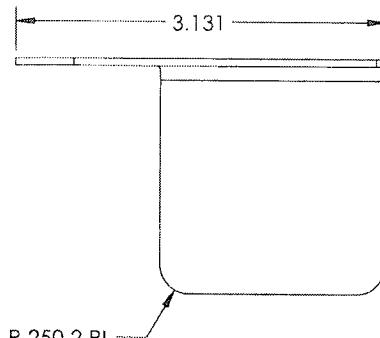
WILHELM

NO. 92937-ML

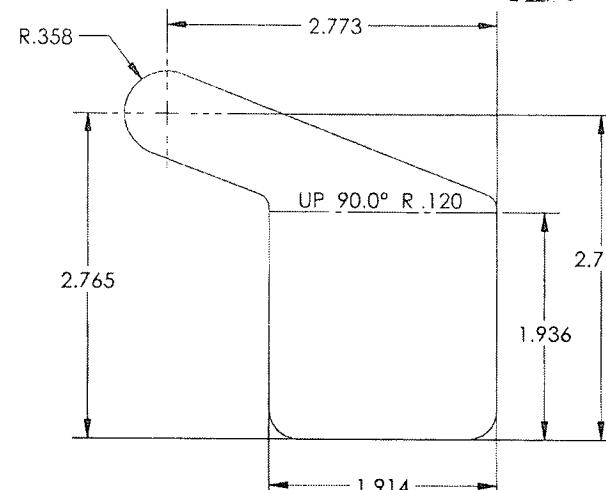
12-11-12



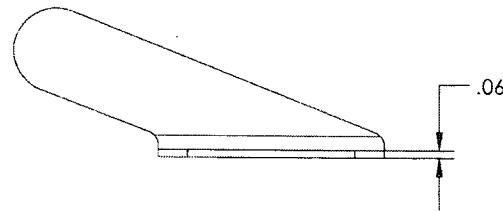
649 481



R 250 2 PI -

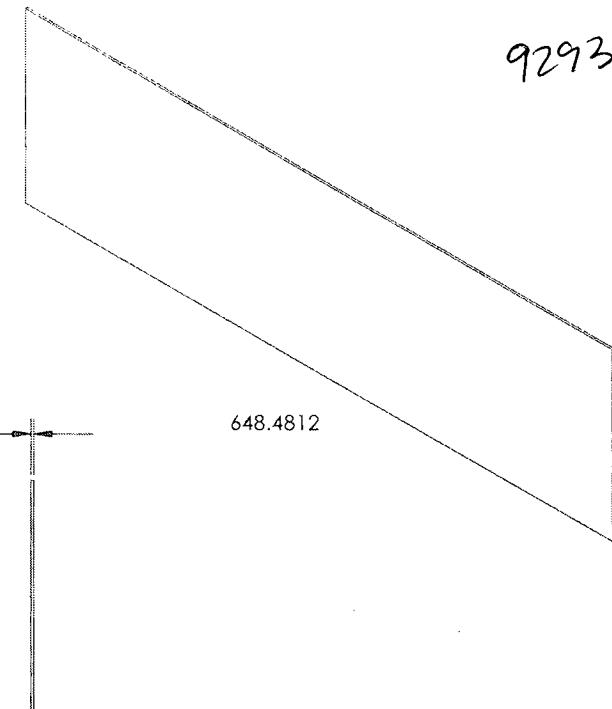
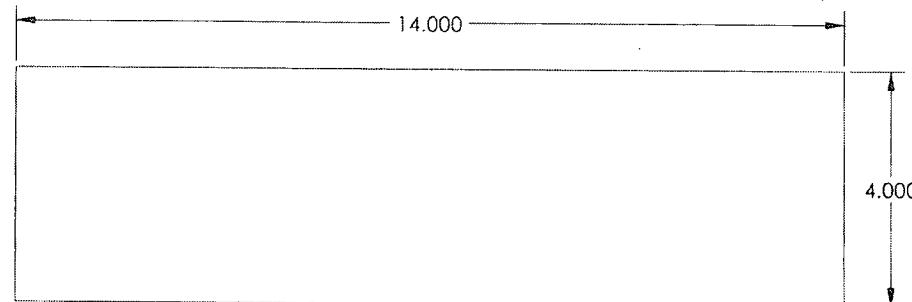


649.4811
ELAT PATTER



	7	649.4816	DOUBLER	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	6	649.4815	SHIM	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	5	649.4814	DOUBLER	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	4	649.4813	SHIM	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	3	649.4812	SHIM	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	2	649.4811	CLIP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	1		DELETED		
	FIND #	PART #	DESCRIPTION	MAT'L	SPEC.
QTY			PARTS LIST		
		SPACER, U-LATE ACO-DIA-100	11-62-31		
NEXT ASSY [S]		DRAWN BY: C.H.CHESTER A. QUAN P. BRAVO			
649.4700		DRAWING APPROVAL 11-22-11 C.H.CHESTER HN:			
		UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES 1 PLACE DECIMALS = .00 2 PLACE DECIMALS = .000 3 PLACE DECIMALS = .0000			
		SCALE: NONE	CAGE CODE: 07-0246	REV: A	DATE: 07-02-06
			ITEM: 1		
			QTY: 1		
			UOM: EACH		
			DOWD. NO.: 649.4800		
			REV: A		

92932

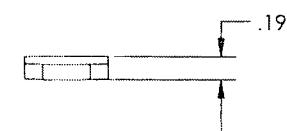
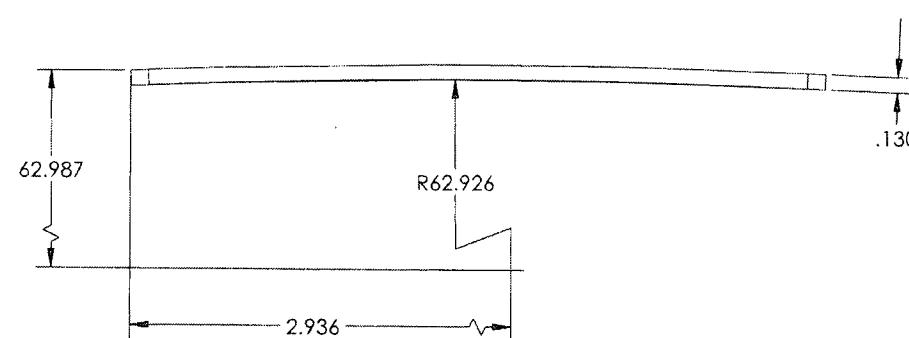
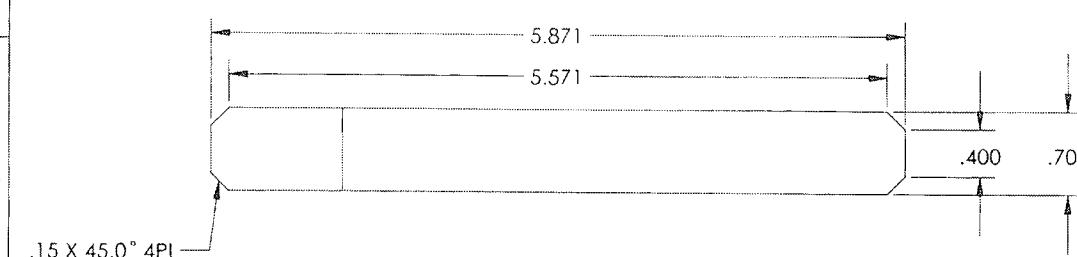
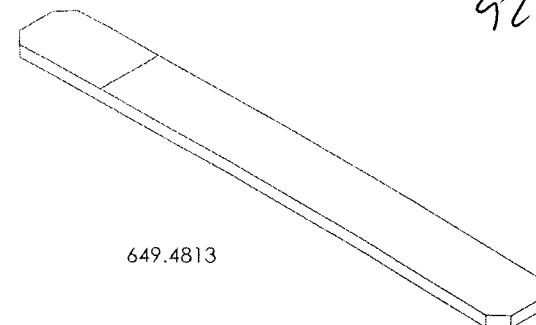


ORIGINAL DATE 11-02-11	11-02-11
DRAWN BY A. QUAI	CHEC'D BY P. BRAVO
DRAWING APPROVAL	
11-02-11	
CONTRACT NO.	
APICAL INDUSTRIES	
2608 TEMPLE HEIGHTS DR.	
OCEANSIDE, CA. 92056-3512 (760)724-5300	
SHEETMETAL	
UNLESS OTHERWISE SPECIFIED	
DIMENSIONS ARE IN INCHES	
3 PLACE DECIMALS ±.00	
ANGLES ± 5°	
REV. B D7M26	WAD. NO. 649.4800
SCALE NONE	SHEET 2 OF 5

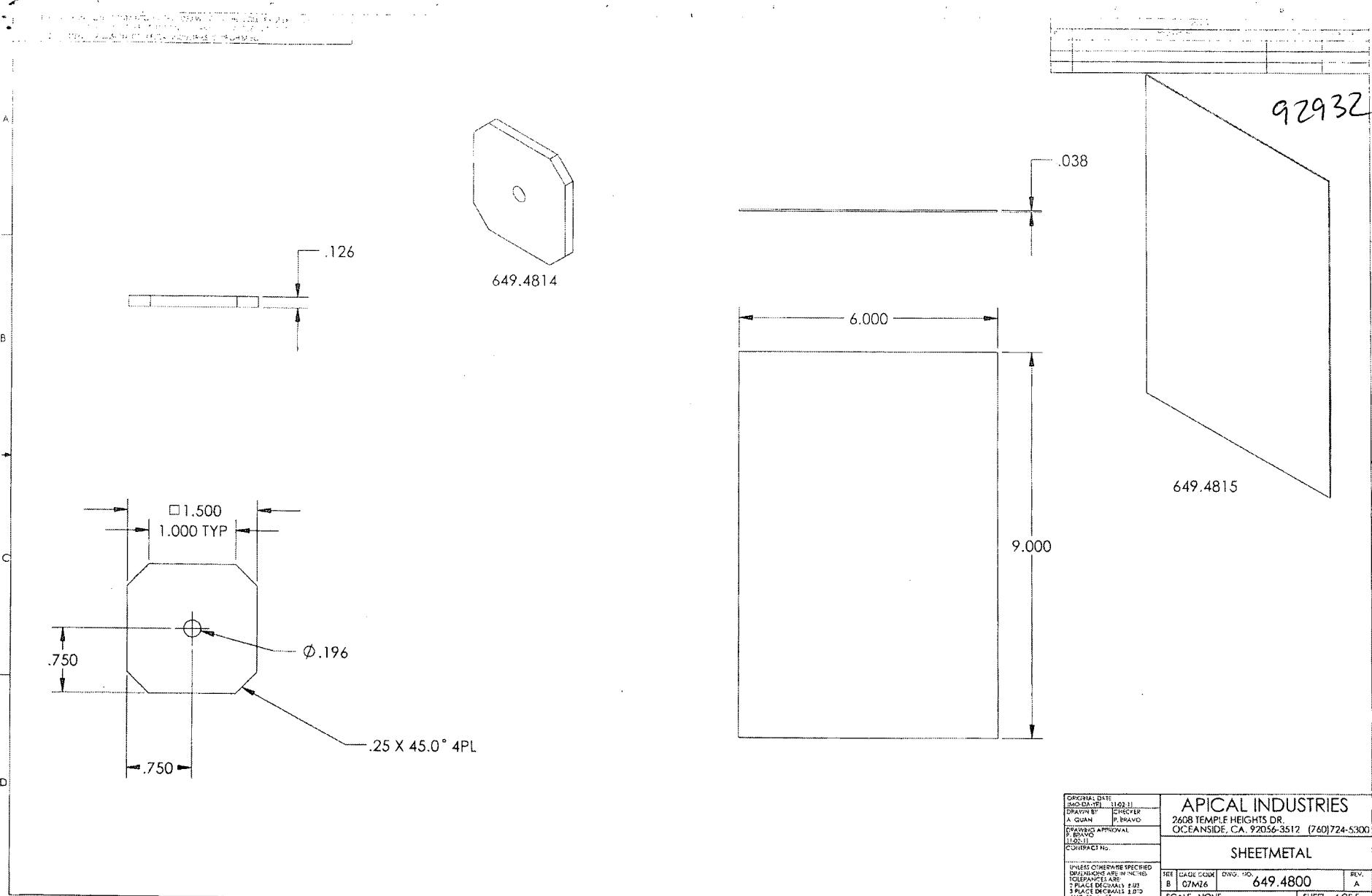
APICAL INDUSTRIES
2608 TEMPLE HEIGHTS DR.
OCEANSIDE, CA. 92056-3512 (760)724-5300

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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92932



DRAWING DATE: 10-22-11	REVISION: 1
DRAWN BY: A. CHAUHAN	CHECKED: P. BRAVO
DRAWING APPROVAL	
11-2-11	
COMPUTER NO.	
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES	
1 PLACE DECIMALS ± .00	
2 PLACE DECIMALS ± .000	
3 PLACE DECIMALS ± .0000	
4 PLACE DECIMALS ± .00000	
CAGE CODE: DWG. NO. 649.4800 REV. A	
B 07n16	SHEET 3 OF 5



ORIGINAL DATE 2010-01-01	1102-11	APICAL INDUSTRIES
DRAWN BY A. QUAN	CHECKED P. BRAVO	2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300
DRAWING APPROVAL 1102-11		SHEETMETAL
COMPUTING NO.		
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES 2 PLACE DECIMALS ±0.05 3 PLACE DECIMALS ±0.01 ANGLES ± 3°		
SEE CAGE CODE	DWG. NO.	REV.
B 07M16	649.4800	A
SCALE NONE		SHEET 4 OF 5

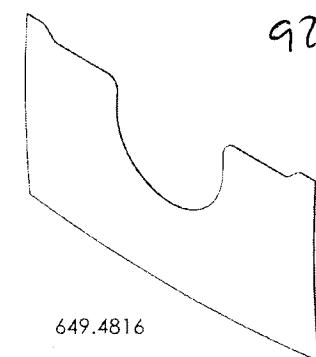
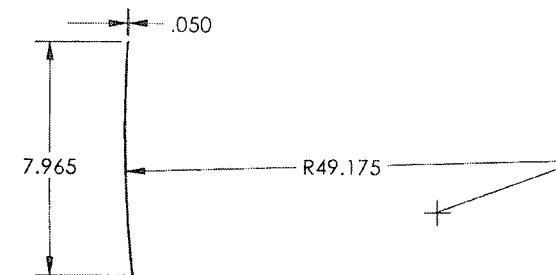
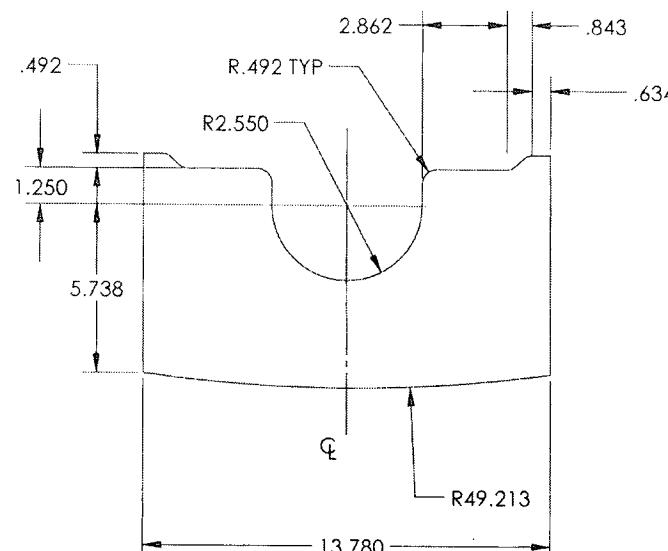
APICAL INDUSTRIES
2608 TEMPLE HEIGHTS DR.
OCEANSIDE, CA. 92056-3512 (760)724-5300

A

B

C

D



92932

ORIGINAL DATE 11/02/11	REV. A
DRAWN BY C. MEYER	checked
A. QUAN	P. BRAVO
DRAWING APPROVAL 11/02/11	
CONTRACT #	
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES 2 PLACE DECIMALS ±.00 3 PLACE DECIMALS ±.000 4 PLACES ±.0000	
REV. CODE: Dwg. No: B 07M16 649.4800	REV. A
SCALE: NONE	SHEET 5 OF 5

DART AEROSPACE LTD	Work Order:	
Description:	Part Number:	
Inspection Dwg:	Rev:	Page 1 of 1

FIRST ARTICLE INSPECTION CHECKLIST

UAS

15

Measured by:	Jm
Date:	12-11-24

Audited by:	✓-89
Date:	10/11/06

Preliminary Approval:	
Date:	



A.T.G. Industries Inc.
731, rue Industrielle Rd.
PLATING DEPARTMENT
Rockland, On K4K 1T2
Canada
Ph: (613) 446-4544
Fax: (613) 446-4556

Pack List

Number: 62107

Date: 12-Dec-12

To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ship To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms	Ship Via
Quantity	Description
1 lot	Part: ASST Rev:
	8 PCS 647.1610
	5 PCS 647.1612
	2 PCS 647.1713
	6 PCS 647.1811
	1 PC 647.1816
	1 PC 647.1817
	8 PCS 647.1818
	11 PCS 646.3210
	20 PCS 646.3313
	10 PCS 646.3717
	20 PCS 646.3717
	16 PCS 647.4610
	10 PCS 649.4811
	10 PCS 649.4812
	24 PCS 649.4814
	30 PCS 649.4815
	6 PCS 647.7913
	3 PCS 647.7919
	10 PCS 647.9010
	10 PCS 647.9011
	5 PCS 647.9012
	40 PCS 647.9013
	60 PCS 646.9710
	HARD ANODIZE BLACK
	MIL-A-8625 TYPE III CLASS 2
	Job: 20120768 PO: PO18506 Line:

Certificate of Conformance

A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order.

ISO 9001 : 2008 REGISTERED
ATG SALES-2010 TERMS APPLY

DATE: 12/12/12





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Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms	Ship Via
Quantity	Description
	CERTIFIED SIGNATURE : <u>MH</u> RECEIVER SIGNATURE : <u>PCY</u>